

BROKER/AGENT INSURANCE CHECK LIST

Instructions: Please follow the format below for issuing the Certificate of Insurance to the City of Stockton. ***Broker/Agent must return completed certificates and endorsement to Risk Management – 425 North El Dorado Street, Stockton, CA 95202, prior to the start of any job.***

General Contract Information:

- Name of Individual/Company: _____
- Address of Individual/Company: _____
- Contact Person: _____ Telephone: _____

PLEASE LIST THE FOLLOWING INFORMATION ON THE CERTIFICATE OF INSURANCE IN THE AREA TITLED "DESCRIPTION OF OPERATIONS."

- Contract Effective Date: ____/____/____
- Contract Expiration Date: ____/____/____
- Job Title: _____

Risk Management Requirements:

Fax completed Certificate of Insurance and "Additional Insured" Endorsement with original mailed to:

***CITY OF STOCKTON
425 N. EL DORADO STREET
STOCKTON, CA 95202
(209) 937-8833 – FAX
(209) 937-8629 - OFFICE***

SAMPLE CERTIFICATE AND ENDORSEMENT ATTACHED

NOTE: BROKER IS RESPONSIBLE FOR NOTIFYING THE CITY OF STOCKTON IF ANY CHANGES IN INSURANCE OR EXPIRATION OF INSURANCE TAKES PLACE.